

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0006506

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DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 002

Registration No. 658

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

B. Wheeler, Jr. Medical Certification

BY AFFIDAVIT OF

PLACE OF DEATH
a. COUNTY JACKSONb. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Kansas CityLength of stay in 1b
yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 6629 South BentonInside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jacksonc. CITY
OR
TOWN Kansas CityInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 6629 South BentonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HUGH

EUSTACE

FRAZE

4. DATE
OF
DEATH

Month

Day

Year

February 4, 1965

5. SEX
Male6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
4/24/19029. AGE (last birthday)
62IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Writer for Box Office Magazine

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Kendalville, Indiana12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

Samuel Frazee

13b. MOTHER'S MAIDEN NAME

Viola Williams

14. NAME OF HUSBAND OR WIFE

Marie C. Frazee

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT

Address

Mrs. Marie C. Frazee, 6629 So. Benton,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

K. C. Mo.
Undetermined; Probably coronary
arteriosclerosisINTERVAL BETWEEN
ONSET AND DEATH

20A

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw her alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree title)

B. Wheeler Jr. Coroner

22b. ADDRESS

Jackson County Mo

22c. DATE SIGNED

2-5-65

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

2-8-65

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

23d. LOCATION (City, town, or county)

Kansas City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure - K. C., Missouri

25. DATE RECD. BY LOCAL REG.

2-5-65

26. REGISTRAR'S SIGNATURE

Bessie Smith

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Behan W Meeker

Licensed Embalmer No. 5078

P. O. Address: KANSAS CITY, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.